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## APPLICANTS

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## \*\* CONTINUING DATA \*\*\*\*\*

This appln claims benefit of 60/252,576 11/24/2000

~~RA~~ 10/12/05

## \*\* FOREIGN APPLICATIONS \*\*\*\*\*

none RA 10/12/05

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

\*\* 12/06/2001

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR	SHEETS	TOTAL	INDEPENDENT
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	COUNTRY	DRAWING	CLAIMS	CLAIMS
Verified and Acknowledged	CANADA	20	36	6
Examiner's Signature <i>Ra</i>	Initials <i>Ra</i>			

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## TITLE

Policy verification methods and apparatus

FILING FEE	FEES: Authority has been given in Paper. No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
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